

RF ID: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
CERCLIS V1.2

PAGE: 104
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - SITE MAINTENANCE FORM

EPA ID : GAD069213486

SITE NAME: CHAMPION DAIRYPAK

STREET : 600 DAIRYPAK RD

CITY : ATHENS

CNTY NAME: CLARKE

LATITUDE : 33/52/30.0

LL-SOURCE: R

SMSA : 0500

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE:

SITE/SPILL IDS:

RPM NAME: RAY WILKERSON

RPM PHONE: 101-317-2231

SITE CLASSIFICATION:

SITE APPROACH:

DIOXIN TIER:

REG FLD1:

REG FLD2: 6

RESP TERM: PENDING () NO FURTHER ACTION (X)

* PENDING (_)

NO FURTHER ACTION ()

ENF DISP: NO VIABLE RESP PARTY () VOLUNTARY RESPONSE ()
ENFORCED RESPONSE () COST RECOVERY ()

SITE DESCRIPTION:

10016867



RF/ON: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 105
RUN DATE: 01/30/87
RUN TIME: 06:18:49

M.2 - PROGRAM MAINTENANCE FORM

SITE: CHAMPION DAIRYPAK

EPA ID: GAD069213486 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

* ACTION: _

*

*

*

*

*

*

*

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 106
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - EVENT MAINTENANCE FORM

SITE: CHAMPION DAIRYPAK
PROGRAM: SITE EVALUATION

EPA ID: GAD069213486 PROGRAM CODE: H01

EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER :

EVENT LEAD: E

EVENT NAME: DISCOVERY

STATUS:

DESCRIPTION:

* ACTION: _

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

ORIGINAL

CURRENT

ACTUAL

START:

START:

START:

* _/_/_ _/_/_ _/_/_ *

COMP :

COMP :

COMP : 08/01/80

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _ *

RG COMMENT:

* _ _ _ _ _ *

COOP AGR #

AMENDMENT #

STATUS

STATE %

0

* _ _ _ _ _ *

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 107
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - EVENT MAINTENANCE FORM

SITE: CHAMPION DAIRYPAK
PROGRAM: SITE EVALUATION

EPA ID: GAD069213486 PROGRAM CODE: H01

EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER :

EVENT LEAD: S

EVENT NAME: PRELIMINARY ASSESSMENT

STATUS:

DESCRIPTION:

* ACTION: _

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

ORIGINAL

CURRENT

ACTUAL

START:

START:

START: 08/01/84

* _/_/_ _/_/_ _/_/_ *

COMP :

COMP :

COMP : 08/01/84

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _ *

RG COMMENT:

* _ _ _ _ _ *

COOP AGR #

AMENDMENT #

STATUS

STATE %

0

* _ _ _ _ _ *

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 108
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - COMMENT MAINTENANCE FORM

SITE: CHAMPION DAIRYPAK

EPA ID: GAD069213486

COM
NO COMMENT

001 PART A- ON FILE

ACTION

*	-	_____	*
*		_____	*

Attachment A


Site Disposition

This site was given a no priority for inspection based on the following conclusions: No hazardous waste was ever disposed of at this site. Waste consists of Dry Trash and paper in a solid form. Before 1980, solvents used in printing ink process were sent out for recycling purposes.

JMW:bhr

RW

Reviewed
 4/11/84
 CBW
 8/11/84

 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER GA D069213486	
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) Champion Dairy Pak		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 600 Dairy Pak Rd.	
03 CITY Athens	04 STATE GA	05 ZIP CODE 30603	06 COUNTY Clarke
07 COUNTY CODE 029		08 CONG DIST 10	
09 COORDINATES LATITUDE 33° 58' 44" .2		LONGITUDE -83° 23' 46" .2	
10 DIRECTIONS TO SITE (Starting from nearest public road) Take I-85 North to Jefferson Exit-(129 North). Take 129 North into Athens. Get on Bypass 29 North - Go to 1st exit (Chase St. exit) and take a left at the bottom of the ramp. Go thru 2 stoplights and Dairy Pak Rd. is on the left at 2nd light. Go down 1/2 mi. and facility is on the left.			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) Champion Dairy Pak		02 STREET (Business, mailing, residential) 600 Dairy Pak Road	
03 CITY Athens	04 STATE GA	05 ZIP CODE 30603	06 TELEPHONE NUMBER 404 543-5221
07 OPERATOR (If known and different from owner) same as above		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 11/12/80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 7/17/82 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: Robert Rose - GA E.P.D. (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 3-15-51 present BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Water based inks used in the flexographic printing fountains.			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No potential for contamination exists at the subject site. See telephone memo 5-17-84. Trip report 7-20-82 - Robert Rose			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT Mr. William Berryman		02 OF (Agency/Organization) Champion Dairy Pak Corp.	
04 PERSON RESPONSIBLE FOR ASSESSMENT Jeffrey M. Williams jmw		03 TELEPHONE NUMBER 404 543-5221	
05 AGENCY GA D.N.R.		06 ORGANIZATION GA E.P.D.	
07 TELEPHONE NUMBER 404 656-7404		08 DATE 5/17/84 MONTH DAY YEAR	



☐ A. TOXIC ☐ E. SOLUBLE ☐ I. HIGHLY VOLATILE
☐ B. CORROSIVE ☐ F. INFECTIOUS ☐ J. EXPLOSIVE
☐ C. RADIOACTIVE ☐ G. FLAMMABLE ☐ K. REACTIVE
☐ D. PERSISTENT ☐ H. IGNITABLE ☒ L. INCOMPATIBLE
 ☒ M. NOT APPLICABLE



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT**

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE

02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

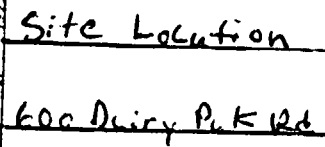
V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Site Disposition

This site was given a no priority for inspection based on the following conclusions: No hazardous waste was ever disposed of at this site. Waste consists of Dry Trash and paper in a solid form. Before 1980, solvents used in printing ink process were sent out for recycling purposes.

JMW:bhr

4721118
(HULL)



RAU
A10

ENVIRONMENTAL PROTECTION DIVISION
Industrial and Hazardous Waste Management Program

ACTION REPORT

ACTION BY: <i>Jeff Williams</i>	REVIEWED BY: <i>9/20</i>	RECORDED BY:
SEQUENCE NUMBER: <i>00053</i>	DATE REVIEWED: <i>5/21</i>	DATE RECORDED:

FACILITY NAME: <i>CHAMPION DAIRY PAK</i>						FACILITY ID NO: <i>GAD 067213496</i>					
MAIL STREET: <i>600 Dairy Pak Road</i>						MAIL CITY: <i>Athens</i>					
MAIL STATE: <i>GA</i>		MAIL ZIP: <i>30603</i>		LOCATION PHONE: <i>404-543-5221</i>		SIC CODE:					
MAIL CONTACT: <i>MR. MR.</i>		FIRST NAME: <i>William</i>		LAST NAME: <i>Berryman</i>							
LOCATION CITY: <i>Athens</i>						LOCATION COUNTY: <i>Clarke</i>					
ACTIVITY CODE: <i>A10</i>		MAJOR (M):		COMPLIANCE OFFICER: <i>Williams</i>							
PERMIT NUMBER OR STATUS:						GROUNDWATER STATUS CODE:					
PROCESS CODES	T01 TANK	T02 SF IM	T03 INCIN	T04 OTHER	S01 CONT	S02 TANK	S03 WS PL	S04 SF IM	D80 LD FL	D81 LD AP	D83 SF IM
IN USE											
AREA OF VIOLATION:	GWM	INC	CLO	MAN	FIN	SCH	PTB	OTH			
CLASS OF VIOLATION:											

ACTION TAKEN: <i>38- Conduct Preliminary Assessment</i>		DATE OF ACTION: <i>84 05 17</i>	
FINDING/DECISION: <i>87- No Further Info or Action Required</i>		FIELD HOURS: <i>0</i>	TOTAL HOURS: <i>10</i>
NEXT ACTION:		FOLLOW-UP DATE:	

ACTION TAKEN (2):		DATE OF ACTION (2):	
FINDING/DECISION (2):		FIELD HOURS (2):	TOTAL HOURS (2):
NEXT ACTION (2):		FOLLOW-UP DATE (2):	

PROJECTED CEASED VIOLATION DATE:	PENALTY ASSESSED: \$	PENALTY COLLECTED: \$
----------------------------------	----------------------	-----------------------

ADDITIONAL DOCUMENTATION WILL BE PREPARED. YES (☒) NO (☐) (CHECK ONE)
COMMENTS:

P.A. Champion Dairy Pak 840517

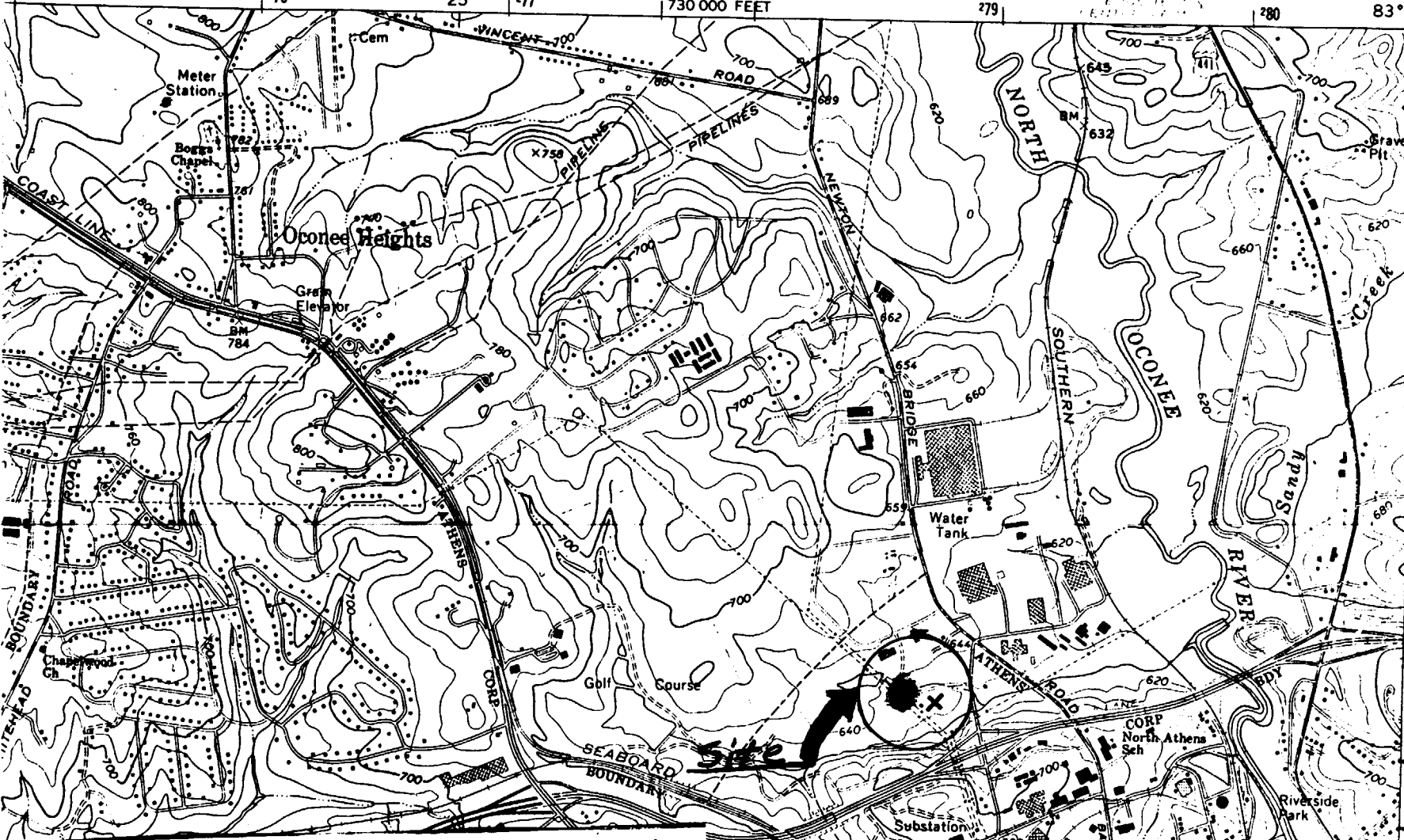
2/20/84

ATHENS WEST QUADRANGLE
GEORGIA
7.5 MINUTE SERIES (TOPOGRAPHIC)

4352 III SE
(HULL)

SW
(SON)

276 25' 277 730 000 FEET 279 280 83° 22' 30" 34° 00'

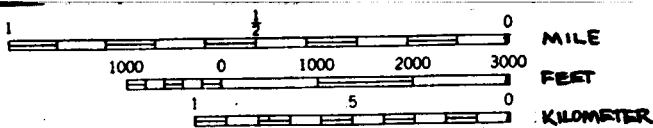


3763
1 450 000
FEET

Site Location

600 Dairy Pk Rd

SCALE



QUAD. NAME: ATHENS WEST QUAD
SERIES: 7.5 minute
YEAR: 1964 (P.R. 1973)



DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION
WASTE MANAGEMENT DATA SHEET

Champion Dairy Pack.
GAD069213486

RECEIVED

JAN 24 1984

MUNICIPAL SOLID WASTE

NAME AND LOCATION OF FACILITY

Champion International Corp.-DairyPak Div.

600 DairyPak Rd.

Athens, Georgia 30603

PERSON TO CONTACT

(ENTER THE NAME, ADDRESS, TITLE AND BUSINESS TELEPHONE NUMBER OF
THE PERSON TO CONTACT REGARDING INFORMATION SUBMITTED ON THIS FORM).

W. C. Berryman

Plant Manager

404/543-5221

DATES OF WASTE HANDLING

(ENTER THE YEARS THAT YOU ESTIMATE WASTE TREATMENT, STORAGE OR DISPOSAL
BEGAN AND ENDED AT THE SITE. IF YOU SELECTED A FACILITY OFF-SITE PLEASE
NOTE AND EXPLAIN IN "COMMENTS" SECTION.

GENERAL TYPE OF WASTE

- | | |
|---------------------|------------------------------|
| 1- () ORGANICS | 7- () BASES |
| 2- () INORGANICS | 8- () PCB's |
| 3- () SOLVENTS | 9- () MIXED MUNICIPAL WASTE |
| 4- () PESTICIDES | 10- () UNKNOWN |
| 5- () HEAVY METALS | 11- () OTHER (SPECIFY) |
| 6- () ACIDS | |

No Toxic waste generated

WASTE QUANTITY (ESTIMATED)

none

HAS THERE EVER BEEN A SPILL OR DISCHARGE OF A HAZARDOUS SUBSTANCE FROM YOUR
FACILITY? (BRIEFLY EXPLAIN THE NATURE OF THE RELEASE).

No

COMMENTS

(IF THERE IS ANY COMMENTS THAT YOU BELIEVE WOULD CLARIFY THE PAST WASTE HANDLING PRACTICES OF YOUR FACILITY OR OF FACILITIES YOU SELECTED TO HANDLE YOUR WASTE, PLEASE ELABORATE IN THE SPACE PROVIDED).

No comments

SIGNATURE AND TITLE W. C. Berryman 404/543-5221
NAME Plant Manager TELEPHONE

600 DairyPak Rd.
STREET

Athens, Ga. 30603

CITY STATE ZIP CODE

W. C. Berryman 1-23-84
SIGNATURE DATE

**ENVIRONMENTAL PROTECTION DIVISION
SOLID WASTE MANAGEMENT SECTION
FACILITY INFORMATION REPORT**

REPORT #: _____
REPORT DATE: _____

FACILITY ID	REGION	COUNTY	SIC CODE	STAFF	HOURS	REVIEWED BY	CODED
GAD069213486	North	Clarke	2654	Robert Rose <i>[Signature]</i>	5	<i>[Signature]</i>	

1. FACILITY INFORMATION

FACILITY NAME: **Champion Dairy Pak**

FACILITY TYPE: **Paper Container MFG.**

ADDRESS: **600 Dairypak Rd.** CITY: **Athens** ZIP: **30603**

TELEPHONE: **404/543-5221** HOURS: **24@5 days/week** # OF EMPLOYEES: **200**

PERSON CONTACTED: **William Berryman** TITLE: **Plant Manager**

2. ACTION INFORMATION

PROGRAM ACTIVITY:

INVESTIGATION DATE: July 20, 1982	FOLLOW-UP DATE:
ACTIONS	FINDINGS / DECISIONS
Compliance Inspection	Facility not in violation of rules and regulations

3. RESIDUAL MANAGEMENT INFORMATION

RESIDUAL #	I/O	COMMON NAME	PHYSICAL FORM	ANNUAL VOLUME/ WEIGHT	HANDLING CODE	SPECIAL SUBSTANCE	CONC	SPECIAL PROPERTIES	S	C	P	R	D
1	0	Dry Trash Mixed	Solid	54 tons/yr	Non haz	0	0	0	X	X			X
2	0	Paper	Solid	1,200 tons/yr	Non haz	0	0	0	X	X		X	

4. RESIDUAL STORAGE INFORMATION

RESIDUAL #	PERMIT	LOCATION	DURATION	NUMBER AND TYPE OF CONTAINER(S)	STORAGE CAPACITY
1	not reg	at facility	10 days	2 dumpsters	3 yds ³ ea.
2	not reg	at facility	14 days	uncontainerized	

1586

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

GAD069213486

CHAMPION INTERNATIONAL CORP. DAIRYPAK DIV.
600 DAIRYPAK ROAD
ATHENS, GA 30603

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections and REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation and Recovery Act).

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

T/A C

G A D 0 6 9 2 1 3 4 8 6
1 2 13 14 15

II. NAME OF INSTALLATION

C H A M P I O N I N T E R N A T I O N A L C O R P . D A I R Y P A K D I V I S I O N
30 69

III. INSTALLATION MAILING ADDRESS

6 0 0 D A I R Y P A K R O A D
15 16 45

Street or P.O. Box

A T H E N S G A 3 0 6 1 0 1 3
15 16 41 42 47 51
City or Town State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

15 16 45

Street or Route number

15 16 41 42 47 51
City or Town State Zip Code

V. INSTALLATION CONTACT

B E R R Y M A N W I L L I A M S P I L A N T M G R
15 16 45

Name (last and first)

4 0 4 - 5 4 3 - 5 2 2 1
46 55

Phone No. (area code & no.)

VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

HUGH A. MACAULAY DIVISION V. P. *H. Macaulay* 1-28-83
Print/Type Name Title Signature of Authorized Representative Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd:

Rec'd by:

VII. GENERATOR'S EPA I.D. NO.

T/A C

FIGAID 0692113486

IX. FACILITY'S EPA I.D. NO.

FIGAID 99074107114

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

ARIVEC CHEMICAL, INC.

X. FACILITY ADDRESS

7962 HUEY ROAD

P.O. BOX 54

DOUGLASVILLE, GA 30133

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

XII. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	Spent, Flammable Solvents Contains Ethyl Alcohol, Ethyl Cellosolve & Ethyl Acetate	33 34 43	F 0 0 3 35 38 39 42 46 47 50 51	4	T
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XIII. COMMENTS (enter information by section number—see instructions)

TELEPHONE MEMO

INCOMING ☐

OUTGOING ☒

GIST ☒

FROM: Jeff Williams - GA E.P.D. (404) 656-7404

TO: William Berryman - Plant Manager (404) 543-5221

SITE: Champion Dairy-Pak

DATE: 5-17-84

TIME: 1:20 P.M.

William Berryman - (Plant Manager) of Champion Dairy Pak Corp. gave me the following information regarding the Facility's waste management practices prior to 1980. From 1951-1962 the process involved using a water based ink in their Flexographic printing operations. From 1962 to 1980 their process changed over to a solvent based ink printing operation using ethyl alcohol and ethyl acetate. Mr. Berryman told me all waste during this time was sent to a local company in Atlanta for recycling. He confirmed they never stored or buried any of the solvents used at the facility. From 1980 to the present time, the company now uses a water based ink that is non-hazardous.

Form Approved OMB No. 158-S80004

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED			DATE RECEIVED (yr., mo., & day)			COMMENTS			
	22		28	-	79				

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

**FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN**

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	51	03	15	
18	3 rd 3 rd	3 rd 3 rd	15 3 rd	

YR.		MO.		DAY	
33	34	35	36	37	38

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** – Enter the amount.
2. **UNIT OF MEASURE** – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	D01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	D02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE	D03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	D04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<u>Disposal:</u>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE		UNIT OF MEASURE CODE	UNIT OF MEASURE CODE		UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

[illegible]

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W G A D 0 6 9 2 1 3 4 8 6 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	F 0 0 3	1000	G	S	0	2																			
2																									
3																									
4																									
5																									
6																									
7																									
8																									
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26																									

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

IX. OWNER CERTIFICATION

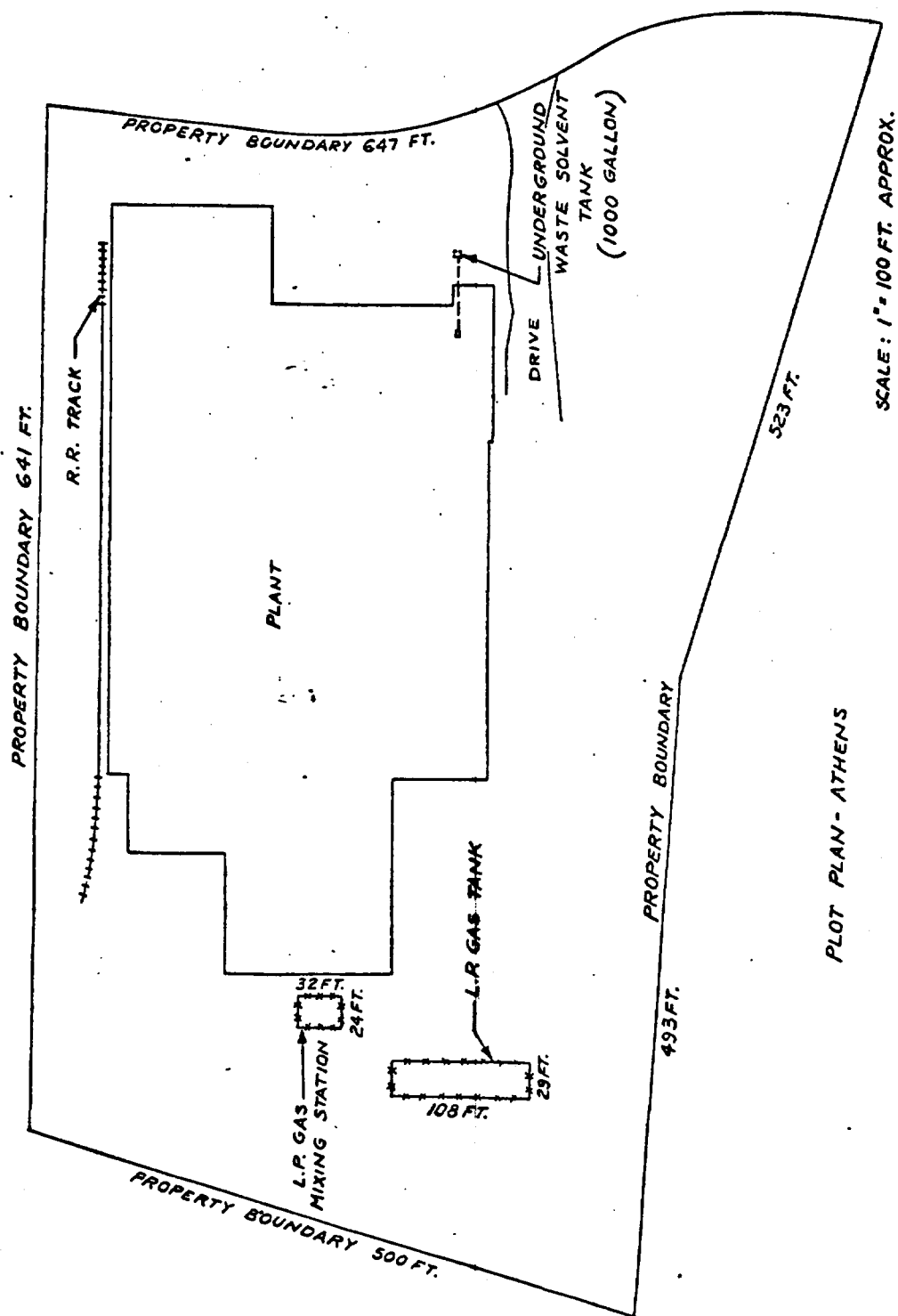
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

EPA Form 3510-3 (6-80)

V. FACILITY DRAWING (see page 4)



FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F G A D 0 6 9 2 1 3 4 8 6 </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	CHAMPION INTERNATIONAL CORP., DAIRYPAK DIV. P.O. Box 1627 Athens, Georgia 30603 600 DairyPak Road Athens, Georgia 30603	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2B)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

E	1	SKIP
---	---	------

IV. FACILITY CONTACT

E	1	A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
	2	BERRYMAN WILLIAM PLANT MANAGER	404 543 5227

V. FACILITY MAILING ADDRESS

E	1	A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
	3	600 DAIRYPAK ROAD	ATHENS	GA	30603

VI. FACILITY LOCATION

E	1	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
	5	600 DAIRYPAK ROAD	CLARKE	ATHENS	GA	30603	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	6	5	4	(specify)	7	(specify)
Manufacture Sanitary Food Containers							
C. THIRD				D. FOURTH			
7	(specify)	7	(specify)				

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?					
CHAMPION INTERNATIONAL CORP DAIRYPAK DIV												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)														D. PHONE (area code & no.)			
F = FEDERAL				M = PUBLIC (other than federal or state)				(specify)				A					
S = STATE				O = OTHER (specify)													
P = PRIVATE																	
E. STREET OR P.O. BOX																	
600 DAIRYPAK ROAD																	
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND			
BATHENS										GA		30603		Is the facility located on Indian lands?			
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THIS FACILITY MANUFACTURES, SELLS & DISTRIBUTES POLYETHYLENE COATED PAPER MILK CARTONS OF VARYING SIZES WHICH ARE PRINTED TO MEET THE INDIVIDUAL CUSTOMER'S REQUIREMENTS AS WELL AS THE REQUIREMENTS OF THE FDA AND ALL LOCAL AGENCIES HAVING JURISDICTION.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Hugh Macaulay Vice President & Division Manager		<i>Hugh Macaulay</i>		11-12-80	

COMMENTS FOR OFFICIAL USE ONLY

C			
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PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

COMMENTS

DATE RECEIVED
(yr., mo., & day)

FPA Form 8700.12 (7-80)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6	
	23 - 24		23 - 24		23 - 24		23 - 24		23 - 24		23 - 24	
	7		8		9		10		11		12	
	23 - 24		23 - 24		23 - 24		23 - 24		23 - 24		23 - 24	

	13		14		15		16		17		18
23	-	26	23	-	26	23	-	26	23	-	26
	19		20		21		22		23		24
23	-	26	23	-	26	23	-	26	23	-	26
	25		26		27		28		29		30
23	-	26	23	-	26	23	-	26	23	-	26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

William C. Derryman

William Berryman
Plant Manager

329-82



JOE D. TANNER
Commissioner

file
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Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S W
ATLANTA, GEORGIA 30334

J. LEONARD LEDBETTER
Division Director

September 21, 1982

Mr. W. C. Berryman
Champion Dairy Pak
Champion International Corporation
600 Dairy Pak Road, Box 1627
Athens, GA 30603

RE: Request for Facility Status
Changes for Champion Dairy Pak,
Athens, GAD069213486

Dear Mr. Berryman:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files. As requested, your status has been changed to a small quantity generator and your EPA Identification Number has been retained.

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and paragraphs .10 and .11 of Georgia's Rules for Hazardous Waste Management, Chapter 391-3-11.

If further clarification is needed on this matter, please feel free to contact Mr. Robert Rose at 404/656-7802.

Sincerely,

John D. Taylor, Jr.
Program Manager
Industrial & Hazardous Waste
Management Program

JDT:rrk:1394C

cc: James H. Scarbrough
Moses N. McCall, III
File: Champion Dairy Pak (Y)



Champion DairyPak
Champion International Corporation

See letter 1st week 1
copy
600 DairyPak Road • P.O. Box 1627
Athens, Georgia 30603 (404) 543-5221

March 29, 1982

RE: Identification Number:
GAD 069213486

Gentlemen:

Prior to August 18, 1980, the DairyPak Division of Champion International Corporation at Athens, Georgia, notified your office that it was a "generator" and "storer" of hazardous wastes. The waste was an accumulation of spent, flammable solvents resulting from wash-up of flexographic printing fountains. Since that time, a method has been devised to re-use these waste solvents by putting them back into the ink formulation, thereby eliminating the accumulation of these flammable materials.

We would like the records corrected to reflect this change, and have enclosed a corrected notification form for our facility. However, we would like to maintain our EPA identification number in order to facilitate off-site shipment of any hazardous material which could inadvertently accumulate in the future because of changes that may occur in the manufacturing process.

Confirmation of this correction will be appreciated.

Sincerely yours,

W. C. Berryman
W. C. Berryman
Plant Manager

WCB/dgt



Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION

270 WASHINGTON STREET, S.W.

ATLANTA, GEORGIA 30334

JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

TRIP REPORT

Champion Dairy Pak, Athens

Trip By: Robert Rose, GA. EPD/Hazardous Waste Compliance Unit *RR*

Date: July 20, 1982

Contact: Mr. W.C. Burgman, Plant Manager
Champion Dairy Pak
600 Dairy Pak Road
Athens, Georgia 30603
Phone: 404/543-5221

Reference: Part A Application withdrawal request

Comments: Facility was inspected to confirm that the recycling of solvents from wash up operations of flexigraphic ink was being conducted as indicated in their March 29, 1982 letter (Part A withdrawal request).

Conclusions: Solvents were being mixed with printing inks in the press holding trough and when ink levels went low solvent/residual ink was mixed with fresh product and no waste was generated. No hazardous wastes were being generated during the inspection.

Recommendations: Send Part A withdrawal letter.
No further action except routine inspections.

JLL